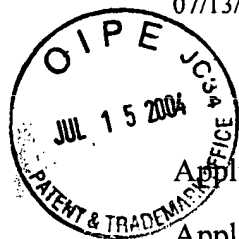


3732
\$41



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: David L. Brock and Woojin Lee
Application No.: 10/008,457 Group: 3732
Filed: November 16, 2001 Examiner: Pedro Philigene
Confirmation No.: 5179
For: SURGICAL INSTRUMENT

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
7-13-04	Pamela Sarno
Date	Signature
PAMELA SARNO	
Typed or printed name of person signing certificate	

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
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TECHNOLOGY CENTER 3700

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- [X] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- [] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)		(COL. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	51	MINUS	* 61	0
INDEP	8	MINUS	** 11	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

* not fewer than 20
** not fewer than 3

SMALL ENTITY	
RATE	ADDIT. FEE
X \$ 9	\$ 0
X \$43	\$ 0
+ \$145	\$

TOTAL = \$ 0

OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE
X \$18	\$
X \$86	\$
+ \$290	\$

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>0</u>

A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for three month Extension of Time	\$	<u>475</u>
<input type="checkbox"/>	Amendment Fee	\$	_____
<input checked="" type="checkbox"/>	Other Fees:		
	Supplemental Information Disclosure Statement	\$	<u>180</u>
	_____	\$	_____
	TOTAL:	\$	<u>655</u>

☒ A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Carol M. Fleming
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Concord, Massachusetts 01742-9133

Dated: 7/13/04